JUDICIAL C SUPPORT 8		E / OFFICEHOLDER REPORT:	FORM JC/OH COVER SHEET PG 2	
15 C/OH NAME	DAVIG	1//, 25	16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTHIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD NOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDLES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME NO NE		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages	Lan V 1	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1250.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	SIZED \$ ——	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4920.20	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 10,733.		DAY \$ 10,733.76	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		THE \$	
19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
AFFIX NOTARY STA.	MP / SEAL ABOVE	RANDALL D. ROGERS Notery Public, State of Texas My Commission Expires SEPTEMBER 29, 2013	Muldidate of Officeholder	
Sworn to and sub			this the my hand and seal of office.	
Randalt	C Roak	D ND.	Noney Public	
Signature of officer admir	nistering bath	Print name of officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	dule A(J)·
2 FILER NAME	J. DAVID PHILLIP	S	3 ACCOUNT # (Eth	rics Commission Filers)
4 Date スー3ー/ロ	5 Full name of contributor Dout-of-state PAC (ID#	J & LEE, P.C U COMMITTEE	contribution (\$)	8 In-kind contribution description(if applicable)
}	3 E. GREENWAY PLAZA	TOUTE 20	(If travel outside o	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	title	rexas, complete softedule 17
	AW FIRM			
	mployer/law firm	12 Law firm of contri	butor's spouse (if any))
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date 2-9-10	Full name of contributor Dut-of-state PAC (ID#	e Y J	Amount of contribution (\$)	In-kind contribution description(if applicable)
}	AUSTIN TX 7874	6	(If travel outside o	f Texas, complete Schedule T)
	rincipal occupation	Contributor's job	title	
	LAWYER mployer/law firm	LAWY		
	TICE OF THEVON AT TAY LIR	Law firm of contri	butor's spouse (if any))
	a child, law firm of parent(s) (if any)			
Date	Full name of contributor [bul-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
}			(If travel outside o	of Texas, complete Schedule T)
Cantributor's p	rincipal occupation	Contributor's job	L	,
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any))
If contributor is	a child law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS	(JUDICIAL)	S	SCHEDULE B (J)
The Instruction Guide explains how to co	mplete this form.	1 "Total pages Sch	edule B(J):
2 FILER NAME DAVID PHILL	1/5	3 ACCOUNT # (E	thics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES:	\$ \$ \$ \$	\$ \$	\$
5 Date 6 Full name of pledgor out-of-state 7 Pledgor address; City: State	one PAC (ID#:) N.E. e; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Pledgor's principal occupation	11 Pledgor's job ti		of Texas, complete Schedule T)
12 Pledgor's employer/law firm	13 Law firm of plea	dgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date Full name of pledgor □ oul-ot-sia	ite PAC {ID#:) ; Zip Code	Amount of pledge (\$)	In-kind description (if applicable) of Texas, complete Schedule T)
Pledgor's principal occupation	Pledgor's job til	<u></u>	or rexas, complete screede 17
Pledgor's employer/law firm	Law firm of pled	dgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date Full name of pledgor out-of-sta		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor's principal occupation	Pledgor's job ti	_ 	of Texas, complete Schedule T)
Pledgor's employer/law firm	Law firm of pled	dgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
ATTACH ADDITIONA If contributor is out-of-state PAC, please	L COPIES OF THIS SCHEDUL see instruction guide for		ng requirements.

LOANS (J	UDICIAL)		,	SCHEDULE E (J)
The ins	truction Guide explains how to complete this	form.	1 Total pages Sch	edule E(J):
2 FILER NAME	DAVID PHILLIPS		3 ACCOUNT #	(Ethics Commission Filers)
4	AL OF UNITEMIZED LOANS: ⇒	ф ф ф	ರ ರ	\$
5 Date of loan	7 Name of lender out-of-s	state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; Zip C	Code	, , , , , , , , , , , , , , , , , , ,	10 Interest rate
Y N				11 Maturity date
12 Lender's Principal	Occupation	13 Lender's Job Title	8	
14 Lender's Employe	r/Law Firm	15 Law Firm of lend	er's spouse (if any)	
17 Description of Coll	aw firm of parent(s) (if any)			
18 GUARANTOR INFORMATION INFORMATION not applicable	19 Name of guarantor 20 Guarantor address; City; State	; Zip Code		21 Amount Guaranteed (\$)
22 Guarantor's Princi	pal Occupation	23 Guarantor's Job	Title	
24 Guarantor's Emplo	yer/Law Firm	25 Law Firm of guar	rantor's spouse (if a	iny)
26 If guarantor is child	d, law firm of parent(s) (if any)			
lf lends	ATTACH ADDITIONAL COPIES O er is out-of-state PAC, please see instructi			requirements.

POLITICAL EXPENDITURES

SCHEDULE F

	EYPENDITURE	CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	
Consulting Expense	Food/Beverage Expense	Travel In District	Transportation Equipment & Related Expense
Event Expense	Politing Expense	Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
		explains how to complete this	
4 T-1-1 C-11 - F			
1 Total pages Schedule F:	2 FILER NAME	r a Dhuic	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name		
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1-4-10	1 RAVIS C	OUNTY Democr	ATIC TARTY
6 Amount (\$)	7 Payee address; City; S	late; Zlp Cbde	J
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1 1 10	Ausn	J. TX 78702	
8 PURPOSE	(a) Category (See categories listed at the to	- 	on (If trave) outside of Texas, complete Schedule T)
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expenditure to benefit C/(. Office sou	Agric - Office field
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, ,	A	W TX 78723	
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OF	Category (See categories listed at the to	por mis scriedule) Descriptio	on (il travel outside of fexas, complete schedule 1)
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Date	Payee name		
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Amount (\$)	Payee address; City; St	ate; Zlp Code	
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PURPOSE	Category (See categories listed at the to	n of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
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EXPENDITURE	Food/Beverage ex	mice date	Birthday luncheon
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Date	Payee name		
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2-23-10	AUSTW BL	ACK LAWYERS +	5 5N.
Amount (\$)		ate; Zip Code	•
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	TOOU VENTRATE	expense illen	a may rouceon
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expenditure to benefit C/O	п		
		OPIES OF THIS SCHEDULE A	

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	(
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wage	s/Contract Labor Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fu	ndraising Expense Transportation Equipment & Related Exp	ense
Consulting Expense	Food/Beverage Expense Travel In Disti	• • • • • • • • • • • • • • • • • • • •	.,
• '	- ,		mittae
Event Expense	Polling Expense Travel Out Of		
Fees	Printing Expense Office Overhe	ad/Rental Expense OTHER (enter a category not listed above	ve)
	The Instruction Guide explains how	to complete this form.	}
1 Total pages Schedule F	2 FILER NAME	3 ACCOUNT # (Ethics Commission	n Filers)
~ ^ ~	PERCHANCE ()) . \\\	3 ACCOMM # (Ethics Commission	(11 mg 13)
2 of 3	I JAYLA Y NI	I LLA (
4 Date	5 Pavee name		
3-4-10	(SPITAL ARE	do St., Suite 500	- 1
0 1 (0)		1101/2	
6 Amount (\$)	7 Payee address; City; State; Zip Code	10101	•
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	- 1
OF			
EXPENDITURE	Am Reserve	Dinner	
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	- 1
expenditure to benefit C/C)H	•	
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Date	Payee name		
4-1-10	TEXAS OBSE	N V FER	
Amount (\$)	Payee address; City: State; Zip Code		
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EXPENDITURE	FRE	Subscription	
EXPENDITURE	Candidate / Officeholder name		
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EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Subscription	
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EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Payee name ARKARET Go Payee address; City, State; Zip Code	Subscription Office sought Office held NET CINCO de Mayo FUND.	
Complete ONLY if direct expenditure to benefit C/C Date 4-(Candidate / Officeholder name Payee name ARSARET Go Payee address; City, State; Zip Code	Subscription Office sought Office held NET CINCO de Mayo FUND.	
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Complete ONLY if direct expenditure to benefit C/C Date 4-(Candidate / Officeholder name Payee name MARKARET Gov Payee address; City, State; Zip Code 311 W, 1 1 1	Subscription Office sought Office held MER CINCO de Mayo FUND.	
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 4-(5-(0) Amount (\$)	Candidate / Officeholder name Payee name MARGARET Gov Payee address; City. State; Zip Code 311 W. 1111	Subscription Office sought Office held NET CINCO de Mayo FUND. 5t. 78701	
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 4-(5-(0) Amount (\$) PURPOSE	Candidate / Officeholder name Payee name MARKARET Gov Payee address; City, State; Zip Code 311 W, 1 1 1	Subscription Office sought Office held NET CINCO de Mayo FUND. 37.01 Description (If travel outside of Texas. complete Schedule T)	
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POLITICAL EXPENDITURES

SCHEDULE F

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	EXPENDITURE	CATEGORIES FOR BOX 8	(a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide	explains how to complete this	
		explains now to complete this	
1 Total pages Schedule F	2 FILER NAME	.	3 ACCOUNT # (Ethics Commission Filers)
3 st 3		AULO PHILLOP	5
4 Date	5 Payes name		
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Legal Services Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Printing Expense Fees Office Overhead/Rental Expense OTHER (enter a category not listed above) The instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages \$chedule G: 2 FILER NAME MHILLIPS 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Reimbursement from political contributions intended (a) Category (See categories listed at the top of this schedule) 8 PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code Raimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULEH

					
	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)	<u> </u>	
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Accounting/Banking	Legal Services	Solicitation/Fundra		, ,	Equipment & Related Expense
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Event Expense	Polling Expense	Travel Out Cf Dist	rict	Candidate/C	officeholder/Political Committee
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8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	. (If travel outside of	Texas, complete Schedule T)
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	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS	NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

	The instruction Guide explains how to c	
1 Total pages Schedule I:	2 FILER NAME J. DAVID PHILL	3 ACCOUNT # (Ethics Commission Filers)
4 Date	J. DAVID PHILL 5 Payee name No No	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

P.O. Box 12070

OUTSTAN	NDING LOANS	SCHEDULE L
The Instruction Guide explains how to complete this form. 2 FILER NAME J. DAVID PHILLIPS		1 Total pages Schedule L:
		3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender NDNE	
	5 Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	6 Name of guarantor	
not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zlp Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
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	Lender address; City; State; Zip Code	
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GUARANTOR INFORMATION	Name of guarantor	
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
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IN-KIND CONTRIBUTION OR POLITICAL EXPENDE FOR TRAVEL OUTSIDE OF TEXAS	SCHEDULE T
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME J. DAVID PHILLIPS	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on:	
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6 Dates of travel 7 Name of person(s) traveling	
8 Departure city or name of departure location	
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